

APPLICATION FOR MOTOR FUEL REFUND



City and Suburban Bus Companies, Nonprofit Bus Companies,
Senior Citizen Transportation, and Taxicab Companies

Name of Applicant _____	Federal Employer ID Number ____ - _____
Mailing Address _____	Refund claim is being filed: <input type="checkbox"/> For calendar quarter ending _____ <input type="checkbox"/> For calendar year ending December 31, _____
City _____ State _____ ZIP Code _____	
Telephone Number () _____	

INSTRUCTIONS

File application on a calendar quarter or calendar year basis.

Taxicab companies shall attach the supplier's original invoices to this application. Each invoice must show the invoice number, date of purchase, name and address of supplier, the total gallons purchased, and the Kentucky motor fuels tax charged.

Bus companies and senior citizen transportation shall list all purchases on reverse side.

Mail completed application with attached invoices to: Revenue Cabinet, Motor Fuels Tax Section, P. O. Box 1303, Station 63, Frankfort, Ky 40602-1303.

For information and assistance, contact the Motor Fuels Tax Section at (502) 564-3853, or fax at (502) 564-2906.

RECONCILIATION OF GALLONS

	A Gasoline	B Special Fuels
1. Total miles operated by buses, taxicabs, or senior citizen transportation (including chartered miles)		
2. Gallons of motor fuel on hand beginning of quarter		
3. Motor fuel purchased during quarter or year (list on reverse side)		
4. Total motor fuel available for use during quarter (line 2 plus line 3)		
5. Motor fuel used other than in buses, taxicabs or senior citizen transportation (service trucks, cleaning, etc.)		
6. Motor fuel on hand at end of quarter		
7. Motor fuel used to operate buses, taxicabs, or senior citizen transportation (line 4 minus lines 5 and 6)		
8. Average miles per gallon of fuel (line 1 divided by line 7, carry computation to two decimal places— <i>For example, 3.15</i>)		
9. Total Kentucky miles operated (regularly scheduled city and suburban services)		
10. Gallons of fuel subject to refund (line 9A divided by line 8A and line 9B divided by line 8B)		
11. Amount of refund requested (lines 10A and 10B multiplied by 7/9 of the tax rate shown on purchase invoices—.1167 x 10A, .0933 x line 10B)		

I, the undersigned, a principal officer of the above-named applicant, have examined this report and it is, to the best of my knowledge and belief, a true, correct, and complete report.

Signature

Print Name

Title

Date

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